Only

PAGE 1 / 6

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Bilirakis for Congress PO Box 606 ADDRESS (number and street) (Check if address is changed) **Tarpon Springs** 34688-0606 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS info@bilirakisforcongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.BilirakisforCongress.com (Check if address is changed) DATE 10 03 2022 C00408534 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Marko, Khara, , , Type or Print Name of Treasurer Marko, Khara, , , [Electronically Filed] 10 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	Form 1 (Revised 03/2022) Page	2
	YPE OF COMMITTEE:	
	Candidate Committee:	
	a) x This committee is a principal campaign committee. (Complete the candidate information below.)	
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	
	Name of Candidate Bilirakis, Gus, M, ,	
	Candidate Party Affiliation REP Sought: House Senate President District	FL 12
	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (National, State (Democratic, This committee is a (National, State) (Democratic, (Democratic)) (Democratic) (Democra	
	or subordinate) committee of the Republican, etc.) Party	
	Political Action Committee (PAC):	
	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organizat	on is a:
	Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or procommittee. (i.e., nonconnected committee)	arty
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	oint Fundraising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, at least one of which is an authorized committee of a federal candidate.	ical
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.	ical
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised 02	2/2009)			Page 3
V	Vrite or Type Committee Name	,			<u> </u>
	Bilirakis for Cor	ngress			
6.		ganization, Affiliated Committee	e, Joint Fundraising Repr	esentative, or Le	adership PAC Sponsor
	Gus Bilirakis Victory I	-una 			
		. DO Doy 2495			
	Mailing Address	PO Box 2485			
		Springfield		VA 22	2152-0485
		CITY ▲		STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	ation 🗶 Joint Fundraising	g Representative	Leadership PAC Sponso
			_		
7.	Custodian of Records: Identification books and records.	fy by name, address (phone numb	er optional) and position o	of the person in pos	ssession of committee
	Marko, Khai	ra			
	Full Name	a, , ,			
	Mailing Address	2706 Alt. 19 North			
	3	Suite 211			
		Palm Harbor			1683-2641
	Title on Desition —	CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼ Custodian of Records			. 707	216 6495
	Custodian of Records		Telephone nun	nber 727	- 216 - 6495
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optio	nal) of the treasurer of the	committee; and t	he name and address of
	Full Name Marko, Kha	ra, , ,			
	of Treasurer				
	Mailing Address	2706 Alt. 19 North			
		Suite 211			
		Palm Harbor		FL 34	683-2641
	Title or Position ▼	CITY ▲		STATE ▲	ZIP CODE ▲
	Treasurer	<u> </u>	Telephone nun	nber 727	_ 216 _ 6495

FEC Form 1 (Revised 0	2/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone nur	mber	
Banks or Other Depositories safety deposit boxes or main	es: List all banks or other depositories in which the committe tains funds.	ee deposits funds, hold	ds accounts, rents
Name of Bank, Depository, e	tc.		
Truist (E	Bilirakis Lee Victory Fund)		
Mailing Address	1445 New York Ave, NW		
	4th Floor		
	Washington	DC 20005	
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	tc.		
BB&T			
Mailing Address	1445 New York Ave., NW		
	Washington	DC 20005	
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spons
Bilirakis Lee Victo	ory Fund		
1			
Mailing Address	PO Box 606		
	Tarpon Springs	FL	34688-0606
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	**** —		
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management are of Bank, Wells	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Fargo	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Fargo	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page _6_ **of** 6___

1 2 3 4 Name of Any				Committee, Joir	FI FI	EC ID number	C C	dership PAC Spon
3. 4. 4.			n, Affiliated C	Committee, Joir	FI FI	EC ID number	C	dership PAC Spon
4.			n, Affiliated C	Committee, Joir	FI	EC ID number	С	dership PAC Spon
			n, Affiliated C	Committee, Joir				dership PAC Spon
Name of Any	Connected C	organizatio			nt Fundraisin	g Representati	ve, or Lead	dership PAC Spon
Mailing /	Address							
Relations	ship:			CITY A		STATE A	_	ZIP CODE ▲
	Connected	Organizatior	n Affiliate	ed Committee	Joint Fund	raising Represe	ntative	Leadership PAC S
Full Name		<u> </u>		e number – opti				
Walling 7.a	dicoo							
			CI	ITY 🛦		STATE ▲		ZIP CODE A
TITLE OF	R POSITION 1	7	0.					002
					Telepho	ne Number		